



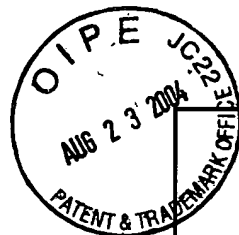
TRANSMITTAL FORM	Application Number	10/071,938
	Filing Date	2/7/02
	First Named Inventor	Robert J. Mulligan
	Group Art Unit	2642
	Examiner Name	Chiang, Jack
Total Number of Pages in this Submission	Attorney Docket No.	CM01562L

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ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Randi L. Karpinia	Registration No.	46,148
Signature			
Date	8/18/04		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:			
Typed or printed name	Maria E. Rodriguez		
Signature		Date	8/18/04



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$0.00

Complete if Known

Application No. 10/071,938
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment

☒ Charge any additional fee(s) during the pendency of this application, EXCEPT FOR ISSUE FEE

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1001	770	2001	370	Utility filing fee	
1006	770	2006	370	Utility filing fee CPA	
1002	330	2002	165	Design filing fee	
1007	330	2007	165	Design filing fee CPA	
1003	510	2003	255	Plant filing fee	
1004	750	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims						
16	-25*		x	18	=	
Independent						
Claims	2	-4*	x	86	=	
Multiple Dependent				280	=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee \$	Fee Code	Fee \$	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late Provisional filing	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte Reexamination	
1804	920*	1804	920*	Requesting publication of SIR	
1805	1840*	1805	1840*	prior to Examiner action	
1251	110	2251	55	Requesting publication of SIR after Examiner action	
1252	420	2252	200	Extension for reply within 1st month	
1253	950	2253	460	Extension for reply within 2nd month	
1254	1450	2254	720	Extension for reply within 3rd month	
1255	1970	2255	980	Extension for reply within 4th month	
1401	320	2401	160	Extension for reply within 5th month	
1402	320	2402	160	Notice of Appeal	
1504		1504		Filing a brief in support of an appeal	
1403	280	2403	140	Publication fee for early, voluntary, or normal publication	
1505	300	1505	300	Request for oral hearing	
1451	1510	1451	1510	Publication fee for republication	
1452	110	2452	55	Petition to institute a public use proceeding	
1453	1300	2453	640	Petition to revive - unavoidable	
1501	1300	2501	640	Petition to revive - unintentional	
1502	470	2502	230	Utility issue fee (or reissue)	
1503	630	2503	310	Design issue fee	
1460	130	1460	50	Plant issue fee	
1808	130	1808	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee CFR 1.17(i)	
1806	180	1806	180	Processing fee for provisional apps.	
8021	40	8021	40	Submission of IDS	
1809	750	2809	370	Recording each patent assignment per property (times # of properties)	
1810	750	2810	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1801	750	2801	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1802	900	1802	900	Request for Continued Examination (RCE)	
1814	110	2814	55	Request for expedited examination of a design application	
Other fee (specify)				Statutory Disclaimer	

*Reduced by Basic Filing Fee Pd

SUBTOTAL (3) \$

SUBMITTED BY

Name (Print) Randi L. Karpinia

Signature

Randi L. Karpinia

Complete (if applicable)

Registration No. (Attorney/Agent) 46,148

Telephone: (954) 723-6449

Date 8/18/04